

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	1					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	32					
17	2					
18	1					
19	1					
20	1					
21	2					
22	2					
23	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	26	↔	↔	↔		
TOTAL CLAIMS	29	██████████	██████████	██████████	██████████	

	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	